



**YOUTH APPLICATION
EDUCATIONAL INCENTIVE PROGRAM**

Date: _____ Youth Name: _____ Client ID# _____

Release Date: _____ Age: _____ Dorm: _____

Case Manager: _____

Mark program that applies:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED Prep |
| <input type="checkbox"/> Earning Carnegie Units | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Educational/Training Program | <input type="checkbox"/> College |
| <input type="checkbox"/> Certification of Achievement | |

Youth Signature

Date Submitted

Education Program Coordinator

Date Received

Original to: Work Program Coordinator

Copies to: Principal
Case Manager
Youth Portfolio